

**LOCAL BANKRUPTCY FORM NO. 6**

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

IN RE: : **BANKRUPTCY CASE NO. 19-10617-TPA**  
: :  
Chesley J. Terrill, Jr., : **CHAPTER 7**  
Debtor, :  
: :  
: **DOCKET NO.: 17**

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

Voluntary Petition *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

Summary of Schedules

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors holding Secured Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule G - Executory Contracts and Unexpired Leases

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Statement of Financial Affairs

Chapter 7 Individual Debtor's Statement of Intention  
 Chapter 11 List of Equity Security Holders  
 Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims  
 Disclosure of Compensation of Attorney for Debtor  
 X Other: State of Current Monthly Income

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Respectfully submitted,

Date: August 13, 2019

/s/ Daniel P. Foster  
Daniel P. Foster, Esquire  
PA I.D. # 92376  
Foster Law Offices  
Post Office Box 966  
Meadville, PA 16355  
Tel: 814.724.1165  
Fax: 814.724.1165  
Email: dan@mrdebtbuster.com  
Attorney for Debtors

**MAILING MATRIX**

Tamera Ochs Rothschild  
[trothschild@gmx.com](mailto:trothschild@gmx.com)

Office of the United States Trustee  
[Ustregion03.pi.ecf@usdoj.gov](mailto:Ustregion03.pi.ecf@usdoj.gov)

Chesley J. Terrill, Jr.  
22239 Highway 18  
Conneautville, PA 16406

Fill in this information to identify your case:

Debtor 1 Chesley J Terrill, Jr.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number 19-10617  
(If known)

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Occupation

Retired

Employer's name

\_\_\_\_\_

Employer's address

\_\_\_\_\_

How long employed there?

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00 \$ N/A

Debtor 1 Chesley J Terrill, Jr.

Case number (if known)

19-10617

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here</b>	<b>4. \$ 0.00</b>	<b>\$ N/A</b>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ 0.00	\$ N/A
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ N/A
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ N/A
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ N/A
5e. <b>Insurance</b>	5e. \$ 0.00	\$ N/A
5f. <b>Domestic support obligations</b>	5f. \$ 0.00	\$ N/A
5g. <b>Union dues</b>	5g. \$ 0.00	\$ N/A
5h. <b>Other deductions.</b> Specify: _____	5h.+ \$ 0.00	+ \$ N/A
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. <b>Interest and dividends</b>	8b. \$ 0.00	\$ N/A
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. <b>Unemployment compensation</b>	8d. \$ 0.00	\$ N/A
8e. <b>Social Security</b>	8e. \$ 984.00	\$ N/A
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <b>Food Stamps</b>	8f. \$ 190.00	\$ N/A
8g. <b>Pension or retirement income</b>	8g. \$ 0.00	\$ N/A
8h. <b>Other monthly income.</b> Specify: <b>Prorated Tax Refund</b>	8h.+ \$ 72.75	+ \$ N/A
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,246.75	\$ N/A
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,246.75	+ \$ N/A = \$ 1,246.75
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,246.75	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	

Fill in this information to identify your case:

Debtor 1 **Chesley J Terrill, Jr.**

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number **19-10617**  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

##### 1. What is your marital and filing status? Check one only.

- Not married.** Fill out Column A, lines 2-11.
- Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:**
  - Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	<i>Column A Debtor 1</i>	<i>Column B Debtor 2 or non-filing spouse</i>
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>72.75</u>	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ _____
5. Net income from operating a business, profession, or farm	<b>Debtor 1</b>	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm \$	<u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	<b>Debtor 1</b>	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property \$	<u>0.00</u>	Copy here -> \$ <u>0.00</u>
7. Interest, dividends, and royalties		\$ <u>0.00</u>

Debtor 1

Chesley J Terrill, Jr.

Case number (if known)

19-10617

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
<b>8. Unemployment compensation</b>	\$ <u>0.00</u>	\$ _____	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
For you .....	\$ <u>0.00</u>		
For your spouse .....	\$ _____		
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ _____	
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.			
· <u>Food Stamps</u>	\$ <u>158.33</u>	\$ _____	
	\$ <u>0.00</u>	\$ _____	
Total amounts from separate pages, if any.	<u>+ \$ 0.00</u>	\$ _____	
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	<u>\$ 231.08</u>	<u>+ \$ _____</u>	<u>= \$ 231.08</u>
	Total current monthly income		
<b>Part 2: Determine Whether the Means Test Applies to You</b>			
<b>12. Calculate your current monthly income for the year.</b> Follow these steps:			
12a. Copy your total current monthly income from line 11 .....	Copy line 11 here=>		<u>\$ 231.08</u>
Multiply by 12 (the number of months in a year)			
12b. The result is your annual income for this part of the form	<u>x 12</u>		<u>\$ 2,772.96</u>
<b>13. Calculate the median family income that applies to you.</b> Follow these steps:			
Fill in the state in which you live.	<u>PA</u>		
Fill in the number of people in your household.	<u>1</u>		
Fill in the median family income for your state and size of household. ....			
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.			
<b>14. How do the lines compare?</b>			
14a. <input checked="" type="checkbox"/> Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3.			
14b. <input type="checkbox"/> Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2.</i> Go to Part 3 and fill out Form 122A-2.			
<b>Part 3: Sign Below</b>			
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.			
<u>X /s/ Chesley J Terrill, Jr.</u> <u>Chesley J Terrill, Jr.</u> Signature of Debtor 1			
Date <u>August 13, 2019</u> MM / DD / YYYY			
If you checked line 14a, do NOT fill out or file Form 122A-2.			
If you checked line 14b, fill out Form 122A-2 and file it with this form.			

## Current Monthly Income Details for the Debtor

### Debtor Income Details:

Income for the Period **12/01/2018 to 05/31/2019**.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Prorated Tax Refund**

Constant income of **\$72.75** per month.

#### **Line 10 - Income from all other sources**

Source of Income: **Food Stamps**

Income by Month:

6 Months Ago:	<u>12/2018</u>	<u>\$0.00</u>
5 Months Ago:	<u>01/2019</u>	<u>\$190.00</u>
4 Months Ago:	<u>02/2019</u>	<u>\$190.00</u>
3 Months Ago:	<u>03/2019</u>	<u>\$190.00</u>
2 Months Ago:	<u>04/2019</u>	<u>\$190.00</u>
Last Month:	<u>05/2019</u>	<u>\$190.00</u>
Average per month:		<u>\$158.33</u>

#### **Non-CMI - Social Security Act Income**

Source of Income: **Social Security Benefits**

Income by Month:

6 Months Ago:	<u>12/2018</u>	<u>\$1,089.00</u>
5 Months Ago:	<u>01/2019</u>	<u>\$1,120.00</u>
4 Months Ago:	<u>02/2019</u>	<u>\$1,120.00</u>
3 Months Ago:	<u>03/2019</u>	<u>\$1,120.00</u>
2 Months Ago:	<u>04/2019</u>	<u>\$1,120.00</u>
Last Month:	<u>05/2019</u>	<u>\$984.00</u>
Average per month:		<u>\$1,092.17</u>